

Michael Picone
6/11/25

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: 3		Food Establishment Inspection Report				Page 1 of 2	
Establishment type: Permanent Temporary Mobile Other _____				Date: 12/3/25			
Establishment: Twisted Vine				Time In: 11:30 AM/PM		Time Out: 5:05 AM/PM	
Address: 285 Main St				LHD: WHD			
Town/City: Derby # 444				Purpose of Inspection: Routine Pre-op			
Permit Holder: # 1783				Reinspection Other _____			
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS							
<i>Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.</i>							
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed							
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation							
Supervision				Protection from Contamination			
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4				Food separated and protected			
				Food-contact surfaces: cleaned & sanitized			
				Proper disposition of returned, previously served, reconditioned, and unsafe food			
				Time/Temperature Control for Safety			
Employee Health				18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting				19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion				21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events				23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices				Consumer Advisory			
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use				Consumer advisory provided: raw/undercooked food			
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population			
No discharge from eyes, nose, and mouth				26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Pasteurized foods used; prohibited foods not offered			
Preventing Contamination by Hands				Food/Color Additives and Toxic Substances			
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed				Food additives: approved and properly used			
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				Toxic substances properly identified, stored & used			
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures			
Adequate handwashing sinks, properly supplied/accessible				29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source				Compliance with variance/specialized process/ROP criteria/HACCP Plan			
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GOOD RETAIL PRACTICES			
Food obtained from approved source				<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>			
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation			
Food received at proper temperature				Safe Food and Water			
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated				31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasturized eggs used where required			
Required records available: molluscan shellfish identification, parasite destruction				32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Water and ice from approved source			
				Variance obtained for specialized processing methods			
				Food Temperature Control			
				33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Proper cooling methods used; adequate equipment for temperature control			
				34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Plant food properly cooked for hot holding			
				35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Approved thawing methods used			
				36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Thermometers provided and accurate			
				Food Identification			
				37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Food properly labeled; original container			
				Prevention of Food Contamination			
				38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Insects, rodents, and animals not present			
				39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Contamination prevented during food preparation, storage & display			
				40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Personal cleanliness			
				41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Wiping cloths: properly used and stored			
				42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Washing fruits and vegetables			
Permit Holder shall notify customers that a copy of the most recent inspection report is available.							
Person in Charge (Signature) <i>Michael Picone</i> Date 12-3-25				Violations documented			
Person in Charge (Printed) Michael Picone				Date corrections due			
Inspector (Signature) <i>Blenda Buenavista</i> Date 12/3/25				Priority Item Violations			
Inspector (Printed) Blenda Buenavista				Priority Foundation Item Violations			
				Core Item Violations			
				Risk Factor/Public Health Intervention Violations			
				Repeat Risk Factor/Public Health Intervention Violations			
				Good Retail Practices Violations			
				Requires Reinspection - check box if you intend to reinspect			
				Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.			

